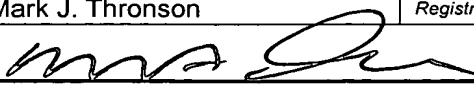


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

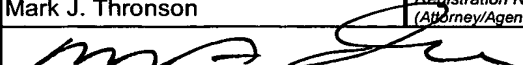
<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. N9450.0054/P054-A		22653 U.S. PTO 10/77753
		First Inventor Shunsuke Minami		
		Title	PART SELECTION AIDING SYSTEM	
		Express Mail Label No.		
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		
3. <input checked="" type="checkbox"/> Specification [Total Pages 31] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>		a. <input type="checkbox"/> Computer Readable Form (CRF)		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper		
5. Oath or Declaration [Total Sheets 4] a. <input type="checkbox"/> Newly executed (original or copy)		c. <input type="checkbox"/> Statements verifying identity of above copies		
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>		<b>ACCOMPANYING APPLICATION PARTS</b>		
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/173,018 Prior application information: Examiner Carlos Ortiz Rodriguez Art Unit: 2125		11. <input type="checkbox"/> English Translation Document (if applicable)		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
<b>19. CORRESPONDENCE ADDRESS</b>		13. <input checked="" type="checkbox"/> Preliminary Amendment		
<input checked="" type="checkbox"/> Customer Number: 24998 OR <input checked="" type="checkbox"/> Correspondence address below		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>		
Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>		
Address 2101 L Street NW		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
City Washington State DC Zip Code 20037-1526		17. <input type="checkbox"/> Other:		
Country US Telephone (202) 785-9700 Fax (202) 887-0689				
Name (Print/Type) Mark J. Thronson Registration No. (Attorney/Agent) 33,082				
Signature  Date February 13, 2004				

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 13, 2004
		First Named Inventor	Shunsuke Minami
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 856.00		Attorney Docket No.	N9450.0054/P054-A

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP			
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
<b>1. BASIC FILING FEE</b>			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	770	385
1002	2002	340	170
1003	2003	530	265
1004	2004	770	385
1005	2005	160	80
SUBTOTAL (1) (\$)		770.00	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims 10 -20** = 0 x 0 = 0.00			
Independent Claims 4 -3** = 1 x 86.00 = 86.00			
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1202	2202	18	9
1201	2201	86	43
1203	2203	290	145
1204	2204	86	43
1205	2205	18	9
SUBTOTAL (2) (\$)		86.00	
**or number previously paid, if greater; For Reissues, see above			
		SUBTOTAL (3) (\$)	
		0.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature		Telephone	(202) 775-4742
		Date	February 13, 2004